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TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.								d. DS	SN Nun	nber	•	e. Check Num	ber		f. Vouch	ner Nu	mber
	TRAINING FACILITY: Inv	voice should	be sent to office	indicated in it	em 37 Ple	ase refer to s	standard docum	ent nu	ımber ai	iven in i	item R at	top of page t	o assure	prompt navm	ent.		

	C	ction E - TERMINATION	AND EVALUATION) A T A /T - 4	ampleted by the	.1				
39. Was course completed? (X or		40. Actual course dates (YYN	completed by trainee	ī	2. Academic grade / score					
1 ,,								Academic grade / score		
a. Yes (If not, return this memo explaining		a. Commenced	b. Completed	a. Duty	b. Non-dut	y				
b. No										
43. Were all sessions attended? (2	(one)									
a. Yes										
b. No (Explain reason)										
44. What were your objectives in	taking this course	? Were they met?								
		AREAS C	F EVALUATION					RATING		
	X appropriate col	umn to indicate your evaluation	of items 45 through 56. D	not attempt to s	plit a rating.		Α	В	С	
45. Stated objective accomplished	I	A = Yes	B = Partia	lly	C = No					
46. Coverage of subject matter		A = Excellent	B = Suffic	ient	C = Poor					
47. Organization of subject matte		A = Well organized	B = Adeq	uate	C = Poorly organized				+	
48. Suitability of instructional ma	erials	A = Excellent	B = Adeq	uate	C = Poor					
49. Level of difficulty		A = Too advanced	B = Appro		C = Too elementar		+		<u> </u>	
50. Length of course		A = Too long	B = Appro	•	C = Too short	•	+		+	
51. Amount of outside or evening	work	A = Too much	B = Appro	•	C = Insufficient	_		+		
52. Effectiveness of instructors	ork	A = Excellent	B = Appro	, p. 1410	C = Poor	+	+	+-		
	4- 4b- !-b		B = G000				_			
53. Applicability of subject matter	to the job	A = Significant		ale .	C = Insignificant					
54. Facilities		A = Excellent	B = Good		C = Poor		_		+	
55. Recommendation to colleague		A = Highly Recomm		nmena	C = Not recommer					
56. Meet career development plan	S	A = Yes	B = No		C = Not applicable					
		n F - SUPERVISORY CO	'	pleted by traine	ee's immediate super	visor)				
58. Have you discussed this cours	e and its application	on to the job with this employee	? (X one)		á	a. Yes		b. No		
59. What are your objectives in ha	ving employee att	end course? (Complete at time of	f nomination)							
60. Were the objectives of the tra	ining achieved?									
61. Additional comments										
62. Supervisor			63. Train							
a. Signature		b. Date	a. Sign	a. Signature		b	. Date			
			1							
		<u>P</u> .	RIVACY ACT STATE	MENT .						
AUTHORITY:	The Governm	nent Employees Training	Act of 1958 (USC,	Title 5, 4101	to 4118) EO 939	7, November 1	1943 (SSI	N).		
DUDDOSE AND USE	Hood in the	administration of the Ca	doral Training Pro-	am Tha soo	rnaga of this for	io to documen	at the ===	nineti-	n of	
PURPOSE AND USE:	trainees and	administration of the Fe I completion of training	g; it also serves as	the principa	al repository of p	personal, fiscal	and adn	ninistra	ative	
	information	about trainees and the record of participants in	programs in which	they particip	pate. The form	pecomes a par	t of the	permar	nent	
	ompioyinent	record or participants in	i daning programs a	na is included	and doverning	in a Central Pel	130111161 D	uta FIIt		

Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

DISCLOSURE: